## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: <u>Mail</u>

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| for maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                              |                                |                                                                         |                                                                                                                                  |                                          | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United |                                                                          |                              |  |  |  |  |  |  |                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|--|--|--|--|--|--|-------------------------------------|--|
| VENABLE LLP                                                                                                                                                                   |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| P.O. Box 34385 Washington, DC 20043-9998                                                                                                                                      |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  | Service with sufficient postage for |  |
|                                                                                                                                                                               |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  | the Mail Stop ISSUE FEE add         |  |
|                                                                                                                                                                               |                                |                                                                         |                                                                                                                                  |                                          | transmitted to t                                                                                                                                                                                                                                                                                                                                                                                                        | he USPTO (571) 273-2885, on th                                           | (Depositor's name)           |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | (Signature)                  |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | (Date)                       |  |  |  |  |  |  |                                     |  |
| APPLICATION NO.                                                                                                                                                               | FILING DATE                    | FIR                                                                     | FIRST NAMED INVENTOR                                                                                                             |                                          | OR                                                                                                                                                                                                                                                                                                                                                                                                                      | ATTORNEY DOCKET NO.                                                      | CONFIRMATION NO.             |  |  |  |  |  |  |                                     |  |
| 10/599,036                                                                                                                                                                    | 09/18/2006                     | Teru                                                                    |                                                                                                                                  | Amoh                                     |                                                                                                                                                                                                                                                                                                                                                                                                                         | 40616-286345 3301                                                        |                              |  |  |  |  |  |  |                                     |  |
| TITLE OF INVENTIO                                                                                                                                                             | N: SEMICONDUC<br>DEVICE EMPL   |                                                                         | ITING ELI                                                                                                                        | EMENT MO                                 | OUNTING MI                                                                                                                                                                                                                                                                                                                                                                                                              | EMBER, AND SEMICONDUC                                                    | TOR LIGHT EMITTING           |  |  |  |  |  |  |                                     |  |
| APPLN. TYPE                                                                                                                                                                   | SMALL ENTITY                   | ISSUE FE                                                                | EΕ                                                                                                                               | PUBLICA                                  | TION FEE                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL FEE(S) DUE                                                         | DATE DUE                     |  |  |  |  |  |  |                                     |  |
| Non-Provisional                                                                                                                                                               | no                             | \$1,510.00                                                              |                                                                                                                                  | \$300.00                                 |                                                                                                                                                                                                                                                                                                                                                                                                                         | \$1,810.00                                                               | 03/23/2011                   |  |  |  |  |  |  |                                     |  |
| EXAMINER                                                                                                                                                                      |                                | ART UNIT                                                                |                                                                                                                                  | CLASS-SUBCLASS                           |                                                                                                                                                                                                                                                                                                                                                                                                                         | ]                                                                        |                              |  |  |  |  |  |  |                                     |  |
| A. Belousov                                                                                                                                                                   |                                | 2894 25                                                                 |                                                                                                                                  | 257-0                                    | 99000                                                                                                                                                                                                                                                                                                                                                                                                                   | _                                                                        |                              |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               | dence address or indication    | I                                                                       | -                                                                                                                                |                                          | ent front page,                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| Address" (37 CFR 1.36                                                                                                                                                         | *                              | l '                                                                     |                                                                                                                                  |                                          | to 3 register                                                                                                                                                                                                                                                                                                                                                                                                           | red patent 1 Venable LL                                                  | <u>P</u>                     |  |  |  |  |  |  |                                     |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication a registered attorney |                                |                                                                         |                                                                                                                                  | -                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                              |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               |                                |                                                                         |                                                                                                                                  | ered attorney or agent) and the names of |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| form PTO/SB/4                                                                                                                                                                 | ent) attached.                 | up to 2 registered patent attorneys or agents. If no 3 Justine A. Gozzi |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               | mer Number is required         |                                                                         | ame is listed                                                                                                                    | d, no name v                             | ill be printed.                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| 3. ASSIGNEE NAME                                                                                                                                                              | AND RESIDENCE DAT              | A TO BE PRINTE                                                          | D ON THE                                                                                                                         | E PATENT                                 | (print or type)                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               | _                              |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         | an assignee is identified below,                                         | the document has been filed  |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               | forth in 37 CFR 3.11. Co       | mpletion of this for                                                    |                                                                                                                                  |                                          | _                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                        |                              |  |  |  |  |  |  |                                     |  |
| (A) NAME OF ASSIG                                                                                                                                                             | NEE                            |                                                                         | (B)                                                                                                                              | RESIDEN                                  | CE: (CITY and                                                                                                                                                                                                                                                                                                                                                                                                           | I STATE OR COUNTRY)                                                      |                              |  |  |  |  |  |  |                                     |  |
| Sumitomo Electric Industries, Ltd. Osaka-shi, Japan                                                                                                                           |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| Please check the appropria                                                                                                                                                    | ate assignee category or categ | ories (will not be print                                                | ited on the p                                                                                                                    | patent):                                 | Individual                                                                                                                                                                                                                                                                                                                                                                                                              | X Corporation or other private                                           | group entity Government      |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               |                                |                                                                         |                                                                                                                                  | Payment of Fee(s):                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| X Issue Fee A check in t                                                                                                                                                      |                                |                                                                         | k in the amo                                                                                                                     | e amount of the fee(s) is enclosed.      |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.                                                                     |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| Advance Order                                                                                                                                                                 | -# of Copies                   |                                                                         | X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to  Deposit Account Number 22-0261 |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
| 5. Change in Entity St                                                                                                                                                        | tatus (from status indicate    | ed above)                                                               |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |  |  |  |  |  |  |                                     |  |
|                                                                                                                                                                               | ims SMALL ENTITY sta           | <i>*</i>                                                                | .27.                                                                                                                             | b. Applica                               | ant is no longe                                                                                                                                                                                                                                                                                                                                                                                                         | er claiming SMALL ENTITY st                                              | atus. See 37 CFR 1.27(g)(2). |  |  |  |  |  |  |                                     |  |
| NOTE: The Issue Fee and                                                                                                                                                       |                                | d) will not be accep                                                    | oted from ar                                                                                                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         | eviously paid issue fee to the appliant; a registered attorney or agent: |                              |  |  |  |  |  |  |                                     |  |
| Authorized Signature /Michael A. Sart                                                                                                                                         |                                |                                                                         | tori, Ph.D./                                                                                                                     | /                                        |                                                                                                                                                                                                                                                                                                                                                                                                                         | Date Jar                                                                 | nuary 25, 2011               |  |  |  |  |  |  |                                     |  |
| Typed or printed name Michael A. Sartori, Ph.D.                                                                                                                               |                                |                                                                         |                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         | Registration No.                                                         | 41.289                       |  |  |  |  |  |  |                                     |  |